

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
<b>835 4010A1</b>								<b>835 5010A1</b>								
<b>ISA</b>	<b>INTERCHANGE CONTROL HEADER</b>		1	R		1		<b>ISA</b>	<b>INTERCHANGE CONTROL HEADER</b>		1	R		1		
ISA01	Authorization Information Qualifier	ID	2--2	R			00,03	ISA01	Authorization Information Qualifier	ID	2--2	R			00	
ISA02	Authorization Information	AN	10--10	R				ISA02	Authorization Information	AN	10--10	R			Blank	
ISA03	Security Information Qualifier	ID	2--2	R			00,01	ISA03	Security Information Qualifier	ID	2--2	R			00	
ISA04	Security Information	AN	10--10	R				ISA04	Security Information	AN	10--10	R			Blank	
ISA05	Interchange ID Qualifier	ID	2--2	R			01,14,20,27, 28, 29, 30, 33, ZZ	ISA05	Interchange ID Qualifier	ID	2--2	R			01,14,20,27,28, 29,30,33,ZZ	
ISA06	Interchange Sender ID	AN	15--15	R				ISA06	Interchange Sender ID	AN	15--15	R			Interchange Sender ID	
ISA07	Interchange ID Qualifier	ID	2--2	R			01,14,20,27, 28, 29, 30, 33, ZZ	ISA07	Interchange ID Qualifier	ID	2--2	R			01,14,20,27,28, 29,30,33,ZZ	
ISA08	Interchange Receiver ID	AN	15--15	R				ISA08	Interchange Receiver ID	AN	15--15	R			Interchange Receiver ID	
ISA09	Interchange Date	DT	6--6	R			YYMMDD	ISA09	Interchange Date	DT	6--6	R			Interchange Date (Translator Generated)	
ISA10	Interchange Time	TM	4--4	R			HHMM	ISA10	Interchange Time	TM	4--4	R			Interchange Time (Translator Generated)	
ISA11	Interchange Control Standards ID	ID	1--1	R			U	ISA11	Interchange Control Standards ID	ID	1--1	R			(Translator Generated)	
ISA12	Interchange Control Version Number	ID	5--5	R			00401	ISA12	Interchange Control Version Number	ID	5--5	R			00501	
ISA13	Interchange Control Number	N0	9--9	R			=IEA02	ISA13	Interchange Control Number	N0	9--9	R			YJJJ00000 where Y is the last digit of the cycle year, JJJ is the Julian date of the cycle and 00000 is a sequential number that starts with 00001 and increments by 1.	
ISA14	Acknowledgement Requested	ID	1--1	R			0	ISA14	Acknowledgement Requested	ID	1--1	R			0	
ISA15	Usage Indicator	ID	1--1	R			P,T	ISA15	Usage Indicator	ID	1--1	R			P,T	
ISA16	Component Element Separator		1--1	R				ISA16	Component Element Separator		1--1	R			Translator Generated	
<b>GS</b>	<b>Functional Group Header</b>		1	R	-----	1		<b>GS</b>	<b>Functional Group Header</b>		1	R	-----	1		
GS01	Functional Identifier Code	ID	2--2	R			HP	GS01	Functional Identifier Code	ID	2--2	R			HP	
GS02	Application Sender's Code	AN	2--15	R				GS02	Application Sender's Code	AN	2--15	R			Application Sender's Code	
GS03	Application Receiver's Code	AN	2--15	R				GS03	Application Receiver's Code	AN	2--15	R			Application Receiver's Code	
GS04	Date	DT	8--8	R			CCYYMMDD	GS04	Date	DT	8--8	R			See ISA09	
GS05	Time	TM	4--8	R			HHMM	GS05	Time	TM	4--8	R			See ISA010	
GS06	Group Control Number	N0	1--9	R			=GE02	GS06	Group Control Number	N0	1--9	R			Increment by one; beginning at 001	
GS07	Responsible Agency Code	ID	1--2	R			X	GS07	Responsible Agency Code	ID	1--2	R			X	
GS08	Version/Release/Industry Id code						004010X091									Code Change
GS08	Version/Release/Industry Id Code	AN	1--12	R			004010X091A1	GS08	Version Identifier Code	AN	1--12	R			005010X221A1	

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
<b>ST</b>	<b>Transaction Set Header</b>		1	R	-----	1		<b>ST</b>	<b>Transaction Set Header</b>		1	R	-----	1		
ST01	Transaction Set Identifier Code	ID	3--3	R			835	ST01	Transaction Set Identifier Code	ID	3--3	R			835	
ST02	Transaction Set Control Number	AN	4--9	R			=SE02	ST02	Transaction Set Control Number	AN	4--9	R			=SE02	
<b>BPR</b>	<b>Financial Information</b>		1	R	-----	1		<b>BPR</b>	<b>Financial Information</b>		1	R	-----	1		
BPR01	Transaction Handling Code	ID	1--2	R			C,D,H,I,P	BPR01	Transaction Handling Code	ID	1--2	R			C, D, H, I, P, U, X	Code Added
BPR02	Total Actual Provider Payment Amt S9(8)V99	R	1--18	R				BPR02	Total Actual Provider Payment Amt S9(9)V99	R	1--18	R				Name Change
BPR03	Credit or Debit Flag Code	ID	1--1	R			C	BPR03	Credit or Debit Flag Code	ID	1--1	R			C	
BPR04	Payment Method Code	ID	3--3	R			ACH,CHK,NON	BPR04	Payment Method Code	ID	3--3	R			ACH,CHK,NON	
BPR05	Payment Format Code	ID	1--10	S			CCP,CTX	BPR05	Payment Format Code	ID	1--10	S			CCP,CTX	
BPR06	DFI ID # Qualifier	ID	2--2	S			01	BPR06	DFI ID # Qualifier	ID	2--2	S			01	
BPR07	Sender DFI Identifier	AN	3--12	S				BPR07	Sender DFI Identifier	AN	3--12	S				
BPR08	Acct # Qualifier	ID	1--3	S			DA	BPR08	Acct # Qualifier	ID	1--3	S			DA	
BPR09	Sender Bank Acct #	AN	1--35	S				BPR09	Sender Bank Acct #	AN	1--35	S				
BPR10	Payer Identifier	AN	10--10	S			=TRN03	<b>BPR10</b>	<b>Payer Identifier</b>	<b>AN</b>	<b>10--10</b>	<b>S</b>				
BPR11	Originating Co Supplemental Code	AN	9--9	S			N/A Medicare	BPR11	Originating Co Supplemental Code	AN	9--9	S			=TRN04	
BPR12	DFI ID # Qualifier	ID	2--2	S			01	BPR12	DFI ID # Qualifier	ID	2--2	S			01	
BPR13	Receiver or Provider Bank ID #	AN	3--12	S				BPR13	Receiver or Provider Bank ID #	AN	3--12	S				
BPR14	Acct # Qualifier	ID	1--3	S			DA,SG	BPR14	Acct # Qualifier	ID	1--3	S			DA,SG	
BPR15	Receiver or Provider Acct #	AN	1--35	S				BPR15	Receiver or Provider Acct #	AN	1--35	S				
BPR16	Check Issue or EFT Effective Date	DT	8--8	R				BPR16	Check Issue or EFT Effective Date	DT	8--8	R				
BPR17	Business Function Code	ID	1--3	N/U				BPR17	Business Function Code	ID	1--3	N/U				
BPR18	(DFI) ID Number Qualifier	ID	2--2	N/U				BPR18	(DFI) ID Number Qualifier	ID	2--2	N/U				
BPR19	(DFI) Identification Number	AN	3--12	N/U				BPR19	(DFI) Identification Number	AN	3--12	N/U				
BPR20	Account Number Qualifier	ID	1--3	N/U				BPR20	Account Number Qualifier	ID	1--3	N/U				
BPR21	Account Number	AN	1--35	N/U				BPR21	Account Number	AN	1--35	N/U				
<b>TRN</b>	<b>Reassociation Trace Number</b>		1	R	-----	1		<b>TRN</b>	<b>Reassociation Trace Number</b>		1	R	-----	1		
TRN01	Trace Type Code	ID	1--2	R			1	TRN01	Trace Type Code	ID	1--2	R			1	
TRN02	Check or EFT Trace #	AN	1--30	R				TRN02	Check or EFT Trace #	AN	1--50	R				Increase from 30 - 50
TRN03	Payer Identifier	AN	10--10	R			=BPR10	TRN03	Payer Identifier	AN	10--10	R				Code Deleted
TRN04	Originating Co Supplemental Code	AN	1--30	S			N/A Medicare	TRN04	Originating Company Supplemental Code	AN	1--30	S			=BPR011	Name Change Code Change
<b>CUR</b>	<b>Foreign Currency Information</b>		1	S	-----	1	N/A	<b>CUR</b>	<b>Foreign Currency Information</b>		1	S	-----	1	N/A	
<b>REF</b>	<b>Reference Identification</b>		1	S	-----	1		<b>REF</b>	<b>Reference Identification</b>		1	S	-----	1		
REF01	Receiver ID Qualifier	ID	2--3	R			EV	REF01	Receiver ID Qualifier	ID	2--3	R			EV	
REF02	Receiver Identifier	AN	1--30	R				REF02	Receiver Identifier	AN	1--50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				REF04	Reference Identifier			N/U				
<b>REF</b>	<b>Version Identification</b>		1	S	-----	1		<b>REF</b>	<b>Version Identification</b>		1	S	-----	1		
REF01	Receiver ID Qualifier	ID	2--3	R			F2	REF01	Receiver ID Qualifier	ID	2--3	R			F2	
REF02	Version ID Code	AN	1--30	R				REF02	Version ID Code	AN	1--50	R				Increase from 30 - 50

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4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				REF04	Reference Identifier			N/U				
<b>DTM</b>	<b>Production Date</b>		<b>1</b>	<b>S</b>	-----	<b>1</b>		<b>DTM</b>	<b>Production Date</b>		<b>1</b>	<b>S</b>	-----	<b>1</b>		
DTM01	Date Time Qualifier	ID	3--3	R			405	DTM01	Date Time Qualifier	ID	3--3	R			405	
DTM02	Production Date	DT	8--8	R			CCYYMMDD	DTM02	Production Date	DT	8--8	R			CCYYMMDD	
DTM03	Time	TM	4--8	N/U				DTM03	Time	TM	4--8	N/U				
DTM04	Time Code	ID	2--2	N/U				DTM04	Time Code	ID	2--2	N/U				
DTM05	Date Time Period Format Qualifier	ID	2--3	N/U				DTM05	Date Time Period Format Qualifier	ID	2--3	N/U				
DTM06	Date Time Period	AN	1--35	N/U				DTM06	Date Time Period	AN	1--35	N/U				
<b>N1</b>	<b>Payer Identification</b>		<b>1</b>	<b>R</b>	<b>1000A</b>	<b>1</b>		<b>N1</b>	<b>Payer Identification</b>		<b>1</b>	<b>R</b>	<b>1000A</b>	<b>1</b>		
N101	Entity Identifier Code	ID	2--3	R			PR	N101	Entity Identifier Code	ID	2--3	R			PR	
N102	Payer Name	AN	1--60	S				N102	Payer Name	AN	1--60	R				
N103	ID Code Qualifier	ID	1--2	S			XV	N103	ID Code Qualifier	ID	1--2	S			XV	
N104	Payer Identifier	AN	2--80	S				N104	Payer Identifier	AN	2--80	S				
N105	Entity Relationship Code	ID	2--2	N/U				N105	Entity Relationship Code	ID	2--2	N/U				
N106	Entity Identifier Code	ID	2--3	N/U				N106	Entity Identifier Code	ID	2--3	N/U				
<b>N3</b>	<b>Payer Address</b>		<b>1</b>	<b>R</b>	<b>1000A</b>			<b>N3</b>	<b>Payer Address</b>		<b>1</b>	<b>R</b>	<b>1000A</b>			
N301	Payer Address Line	AN	1--55	R				N301	Payer Address Line	AN	1--55	R				
N302	Payer Address Line	AN	1--55	S				N302	Payer Address Line	AN	1--55	S				
<b>N4</b>	<b>Payer City, State, Zip</b>		<b>1</b>	<b>R</b>	<b>1000A</b>			<b>N4</b>	<b>Payer City, State, Zip</b>		<b>1</b>	<b>R</b>	<b>1000A</b>			
N401	Payer City Name	AN	2--30	R				N401	Payer City Name	AN	2--30	R				
N402	Payer State Code	ID	2--2	R				N402	Payer State Code	ID	2--2	R				
N403	Payer Postal Zone or ZIP Code	ID	3--15	R				N403	Payer Postal Zone or ZIP Code	ID	3--15	R				
N404	Country Code	ID	2--3	N/U				N404	Country Code	ID	2--3	N/U				
N405	Location Qualifier	ID	1--2	N/U				N405	Location Qualifier	ID	1--2	N/U				
N406	Location Identifier	AN	1--30	N/U				N406	Location Identifier	AN	1--30	N/U				
								N407	Country Subdivision Code	ID	1--3	S			N/U	New Element
<b>REF</b>	<b>Additional Payer Identification</b>		<b>4</b>	<b>S</b>	<b>1000A</b>			<b>REF</b>	<b>Additional Payer Identification</b>		<b>4</b>	<b>S</b>	<b>1000A</b>			
REF01	Reference Identification Qualifier	ID	2--3	R			2U	REF01	Reference Identification Qualifier	ID	2--3	R			2U	
REF02	Additional Payer ID	AN	1--30	R				REF02	Additional Payer ID	AN	1--50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				REF04	Reference Identifier			N/U				
<b>PER</b>	<b>Payer Contact Information</b>		<b>1</b>	<b>S</b>	<b>1000A</b>			<b>PER</b>	<b>Payer Business Contact Information</b>		<b>1</b>	<b>S</b>	<b>1000A</b>			Name Change
PER01	Contact Function Code	ID	2--2	R			CX	PER01	Contact Function Code	ID	2--2	R			CX	
PER02	Payer Contact Name	AN	1--60	S				PER02	Payer Contact Name	AN	1-60	S				
PER03	Communication # Qualifier	ID	2--2	S			EM,FX,TE	PER03	Communication # Qualifier	ID	2--2	S			EM,FX,TE	
PER04	Payer Contact Communication #	AN	1--80	S				PER04	Payer Contact Communication #	AN	1-256	S				Increase from 80 - 256
PER05	Communication Number Qualifier 2	ID	2--2	S			EM,EX,FX,TE	PER05	Communication Number Qualifier 2	ID	2--2	S			EM,EX,FX,TE	
PER06	Payer Contact Communication #	AN	1--80	S				PER06	Payer Contact Communication #	AN	1-256	S				Increase from 80 - 256
PER07	Communication Number Qualifier 3	ID	2--2	S			EX	PER07	Communication Number Qualifier 3	ID	2--2	S			EX	
PER08	Payer Contact Communication #	AN	1--80	S				PER08	Payer Contact Communication #	AN	1-256	S				Increase from 80 - 256

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
PER09	Contact Inquiry Reference	AN	1-20	N/U				PER09	Contact Inquiry Reference	AN	1-20	N/U				
								<b>PER</b>	<b>Payer Technical Contact Information</b>		<b>1</b>	<b>R</b>	<b>1000A</b>			New Segment
								PER01	Contact Function Code	ID	2--2	R			BL	
								PER02	Payer Contact Name	AN	1-60	S				
								PER03	Communication # Qualifier	ID	2--2	S			EM, TE, UR	
								PER04	Payer Contact Communication #	AN	1-256	S				
								PER05	Communication Number Qualifier 2	ID	2--2	S			UR	
								PER06	Payer Contact Communication #	AN	1-256	S				
								PER07	Communication Number Qualifier 3	ID	2--2	S			EM, EX, FX, UR	
								PER08	Payer Contact Communication #	AN	1-256	S				
								PER09	Contact Inquiry Reference	AN	1-20	N/U				
								<b>PER</b>	<b>Payer Web Site</b>		<b>1</b>	<b>S</b>	<b>1000A</b>			New Segment
								PER01	Contact Function Code	ID	2--2	R			1C	
								PER02	Name	AN	1-60	N/U				
								PER03	Communication # Qualifier	ID	2--2	R			UR	
								PER04	Payer Contact Communication #	AN	1-256	R				
								PER05	Communication Number Qualifier	ID	2--2	N/U				
								PER06	Communication Number	AN	1-256	N/U				
								PER07	Communication Number Qualifier	ID	2--2	N/U				
								PER08	Communication Number	AN	1-256	N/U				
								PER09	Contact Inquiry Reference	AN	1-20	N/U				
<b>N1</b>	<b>Payee Identification</b>		<b>1</b>	<b>R</b>	<b>1000B</b>	<b>1</b>		<b>N1</b>	<b>Payee Identification</b>		<b>1</b>	<b>R</b>	<b>1000B</b>	<b>1</b>		
N101	Entity Identifier Code	ID	2--3	R			PE	N101	Entity Identifier Code	ID	2--3	R			PE	
N102	Payee Name	AN	1--60	S				N102	Payee Name	AN	1--60	R				Usage changed to Required
N103	Identification Code Qualifier	ID	1--2	R			XX	N103	Identification Code Qualifier	ID	1--2	R			XX, FI, XV	Code Added
N104	Payee ID Code	AN	2--80	R				N104	Payee ID Code	AN	2--80	R				
N105	Entity Relationship Code	ID	2--2	N/U				N105	Entity Relationship Code	ID	2--2	N/U				
N106	Entity Identifier Code	ID	2--3	N/U				N106	Entity Identifier Code	ID	2--3	N/U				
<b>N3</b>	<b>Payee Address</b>		<b>1</b>	<b>S</b>	<b>1000B</b>			<b>N3</b>	<b>Payee Address</b>		<b>1</b>	<b>S</b>	<b>1000B</b>			
N301	Payee Address Line	AN	1--55	R				N301	Payee Address Line	AN	1--55	R				
N302	Payee Address Line	AN	1--55	S				N302	Payee Address Line	AN	1--55	S				
<b>N4</b>	<b>Payee City,State,Zip</b>		<b>1</b>	<b>S</b>	<b>1000B</b>			<b>N4</b>	<b>Payee City,State,Zip</b>		<b>1</b>	<b>R</b>	<b>1000B</b>			Usage changed to Required
N401	Payee City Name	AN	2--30	R				N401	Payee City Name	AN	2--30	R				
N402	Payee State Code	ID	2--2	R				N402	Payee State Code	ID	2--2	S				Usage changed to Situational
N403	Payee Postal Zone or ZIP Code	ID	3-15	R				N403	Payee Postal Zone or ZIP Code	ID	3-15	S				Usage changed to Situational
N404	Country Code	ID	2--3	S				N404	Country Code	ID	2--3	S				
N405	Location Qualifier	ID	1--2	N/U				N405	Location Qualifier	ID	1--2	N/U				
N406	Location Identifier	AN	1--30	N/U				N406	Location Identifier	AN	1--30	N/U				
								N407	Country Subdivision Code	ID	1--3	S				New Element

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
REF	Payee Additional Identification		>1	S	1000B			REF	Payee Additional Identification		>1	S	1000B			
REF01	Reference Identification Qualifier	ID	2--3	R			TJ	REF01	Reference Identification Qualifier	ID	2--3	R			TJ	
REF02	Additional Payee ID #	AN	1--30	R				REF02	Additional Payee ID #	AN	1--50	R				Increase form 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				REF04	Reference Identifier			N/U				
								RDM	Remittance Delivery Method		1	S	1000B			New Segment
								RDM01	Report Transmission Code	ID	1--2				BM, EM, FT, OL	
								RDM02	Name	AN	1--60					
								RDM03	Communication Number	AN	1--256					
								RDM04	Reference Identifier				N/U			
								-RDM05								
LX	Header Number		1	S	2000	>1		LX	Header Number		1	S	2000	>1		
LX01	Assigned #	N0	1--6	R			1,0	LX01	Assigned #	N0	1--6	R			0,1, TTYMM	Code Change
TS3	Provider Summary Information		1	S	2000	1		TS3	Provider Summary Information		1	S	2000	1		
TS301	Reference Identification	AN	1--30	R			NPI	TS301	Provider Identifier	AN	1--60	R			NPI	Increase from 30 - 60
TS302	Facility Code Value	AN	1--2	R			POS Code	TS302	Facility Code Value	AN	1--2	R			11,99, Type of Bill	Code Change
TS303	Date	DT	8--8	R			CCYYMMDD	TS303	Date	DT	8--8	R			CCYYMMDD	
TS304	Quantity	R	1--15	R				TS304	Total Claim Count	R	1--15	R				Name Change
TS305	Monetary Amount	R	1--18	R				TS305	Total Claim Change Amount	R	1--18	R				Name Change
TS306	Monetary Amount	R	1--18	S				TS306	Monetary Amount	R	1--18	N/U				Usage change to Not Used
TS307	Monetary Amount	R	1--18	S				TS307	Monetary Amount	R	1--18	N/U				Usage change to Not Used
TS308	Monetary Amount	R	1--18	S				TS308	Monetary Amount	R	1--18	N/U				Usage change to Not Used
TS309	Monetary Amount	R	1--18	S				TS309	Monetary Amount	R	1--18	N/U				Usage change to Not Used
TS310	Monetary Amount	R	1--18	S				TS310	Monetary Amount	R	1--18	N/U				Usage change to Not Used
TS311	Monetary Amount	R	1--18	S				TS311	Monetary Amount	R	1--18	N/U				Usage change to Not Used
TS312	Monetary Amount	R	1--18	S				TS312	Monetary Amount	R	1--18	N/U				Usage change to Not Used
TS313	Monetary Amount	R	1--18	S				TS313	Total MSP Payer Amount	R	1--18	S				Name Change
TS314	Monetary Amount	R	1--18	S				TS314	Monetary Amount	R	1--18	N/U				Usage change to Not Used
TS315	Monetary Amount	R	1--18	S				TS315	Total Non-Lab Charge Amount	R	1--18	S				Name Change
TS316	Monetary Amount	R	1--18	S				TS316	Monetary Amount	R	1--18	N/U				Usage change to Not Used
TS317	Monetary Amount	R	1--18	S				TS317	Total HCPCS Reported Charge Amount	R	1--18	S				Name Change
TS318	Monetary Amount	R	1--18	S				TS318	Total HCPCS Payable Amount	R	1--18	S				Name Change
TS319	Monetary Amount	R	1--18	S				TS319	Monetary Amount	R	1--18	N/U				Usage change to Not Used
TS320	Monetary Amount	R	1--18	S				TS320	Total Professional Component Amount	R	1--18	S				Name Change

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1									
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change	
TS321	Monetary Amount	R	1--18	S				TS321	Total MSP Patient Liability Met Amount	R	1--18	S				Name Change	
TS322	Monetary Amount	R	1--18	S				TS322	Total Patient Reimbursement Amount	R	1--18	S				Name Change	
TS323	Quantity	R	1--15	S				TS323	Total PIP Claim Count	R	1--15	S				Name Change	
TS324	Monetary Amount	R	1--18	S				TS324	Total PIP Adjustment Amount	R	1--18	S				Name Change	
<b>TS2</b>	<b>Provider Supplemental Summary Info</b>		<b>1</b>	<b>S</b>	<b>2000</b>		<b>N/A</b>	<b>TS2</b>	<b>Provider Supplemental Summary Info</b>		<b>1</b>	<b>S</b>	<b>2000</b>				
TS201	Monetary Amount	R	1--18	S				TS201	Total DRG Amount	R	1--18	S				Name Change	
TS202	Monetary Amount	R	1--18	S				TS202	Total Federal Specific Amount	R	1--18	S				Name Change	
TS203	Monetary Amount	R	1--18	S				TS203	Total Hospital Specific Amount	R	1--18	S				Name Change	
TS204	Monetary Amount	R	1--18	S				TS204	Total Disproportionate Amount	R	1--18	S				Name Change	
TS205	Monetary Amount	R	1--18	S				TS205	Total Capital Amount	R	1--18	S				Name Change	
TS206	Monetary Amount	R	1--18	S				TS206	Total Indirect Medical Education Amount	R	1--18	S				Name Change	
TS207	Quantity	R	1--15	S				TS207	Total Outlier Day Count	R	1--15	S				Name Change	
TS 208	Monetary Amount	R	1--18	S				TS 208	Total Day Outlier Amount	R	1--18	S				Name Change	
TS 209	Monetary Amount	R	1--18	S				TS 209	Total Cost Outlier Amount	R	1--18	S				Name Change	
TS 210	Quantity	R	1--15	S				TS 210	Average DRG Length of Stay	R	1--15	S				Name Change	
TS 211	Quantity	R	1--15	S				TS 211	Total Discharge Count	R	1--15	S				Name Change	
TS212	Quantity	R	1--15	S				TS212	Total Cost Report Day Count	R	1--15	S				Name Change	
TS213	Quantity	R	1--15	S				TS213	Total Covered Day Count	R	1--15	S				Name Change	
TS214	Quantity	R	1--15	S				TS214	Total Noncovered Day Count	R	1--15	S				Name Change	
TS215	Monetary Amount	R	1--18	S				TS215	Total MSP Pass-Through Amount	R	1--18	S				Name Change	
TS216	Quantity	R	1--15	S				TS216	Average DRG Weight	R	1--15	S				Name Change	
TS217	Monetary Amount	R	1--18	S				TS217	Total PPS Capital FSP DRG Amount	R	1--18	S				Name Change	
TS218	Monetary Amount	R	1--18	S				TS218	Total PPS Capital HSP DRG Amount	R	1--18	S				Name Change	
TS219	Monetary Amount	R	1--18	S				TS219	Total PPS DSH DRG Amount	R	1--18	S				Name Change	
<b>CLP</b>	<b>Claim Level Data</b>		<b>1</b>	<b>R</b>	<b>2100</b>	<b>&gt;1</b>		<b>CLP</b>	<b>Claim Level Data</b>		<b>1</b>	<b>R</b>	<b>2100</b>	<b>&gt;1</b>			
CLP01	Patient Control #	AN	1--38	R				CLP01	Patient Control #	AN	1--38	R					
CLP02	Claim Status Code	ID	1--2	R			1, 2, 3, 4, 5, 10, 13, 15, 16, 17, 19, 20, 21, 22, 23	CLP02	Claim Status Code	ID	1--2	R				1,2,3,4, 19, 20, 21, 22, 23	Code Deleted
CLP03	Total Claim Charge Amount S9(7)V99	R	1--18	R				CLP03	Total Claim Charge Amount	R	1--18	R				Name Change	
CLP04	Claim Payment Amount S9(7)V99	R	1--18	R				CLP04	Claim Payment Amount	R	1--18	R				Name Change	
CLP05	Patient Responsibility Amount S9(7)V99	R	1--18	S				CLP05	Patient Responsibility Amount	R	1--18	S				Name Change	
CLP06	Claim Filing Indicator Code	ID	1--2	R			MB	CLP06	Claim Filing Indicator Code	ID	1--2	R			MA/MB	Code Change	
CLP07	Payer Claim Control #	AN	1--30	S				CLP07	Payer Claim Control #	AN	1--50	S				Increase from 30 - 50	
CLP08	Facility Type Code	AN	1--2	S				CLP08	Facility Type Code (1st and 2nd position of TOB)	AN	1--2	S				Name Change	
CLP09	Claim Frequency Code	ID	1--1	S			N/A Medicare	CLP09	Claim Frequency Code (3rd position of TOB)	ID	1--1	S				Name Change Code Deleted	
CLP10	Patient Status Code	ID	1-2	N/U				CLP10	Patient Status Code	ID	1-2	N/U					

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
CLP11	DRG Code	ID	1--4	S			N/A Carriers	CLP11	DRG Code	ID	1--4	S				Name Change Code Deleted
CLP12	DRG Weight	R	1--15	S			N/A Carriers	CLP12	DRG Weight	R	1--15	S				Name Change Code Deleted
CLP13	Discharge Fraction	R	1--10	S			N/A Carriers	CLP13	Discharge Fraction	R	1--10	S				Name Change Code Deleted
								CLP14	Yes/No Condition or Response Code	ID	1--1	N/U				New Element
<b>CAS</b>	<b>Claim Adjustment</b>		<b>99</b>	<b>S</b>	<b>2100</b>			<b>CAS</b>	<b>Claim Adjustment</b>		<b>99</b>	<b>S</b>	<b>2100</b>			
CAS01	Claim Adjustment Group Code	ID	1--2	R			CO,CR,OA,PR	CAS01	Claim Adjustment Group Code	ID	1--2	R			CO, OA, PR	Code Deleted
CAS02	Adjustment Reason Code	ID	1--5	R				CAS02	Adjustment Reason Code	ID	1--5	R				
CAS03	Adjustment Amount S9(7)V99	R	1--18	R				CAS03	Adjustment Amount	R	1--18	R				
CAS04	Adjustment Quantity 9(7)	R	1--15	S			N/A Medicare	CAS04	Adjustment Quantity	R	1--15	S				Name Change Code Deleted
								CAS05	Adjustment Reason Code	ID	1--5	S				New Element
								CAS06	Adjustment Amount	R	1--18	S				New Element
								CAS07	Adjustment Quantity	R	1--15	S				New Element
								CAS08	Adjustment Reason Code	ID	1--5	S				New Element
								CAS09	Adjustment Amount	R	1--18	S				New Element
								CAS10	Adjustment Quantity	R	1--15	S				New Element
								CAS11	Adjustment Reason Code	ID	1--5	S				New Element
								CAS12	Adjustment Amount	R	1--18	S				New Element
								CAS13	Adjustment Quantity	R	1--15	S				New Element
								CAS14	Adjustment Reason Code	ID	1--5	S				New Element
								CAS15	Adjustment Amount	R	1--18	S				New Element
								CAS16	Adjustment Quantity	R	1--15	S				New Element
								CAS17	Adjustment Reason Code	ID	1--5	S				New Element
								CAS18	Adjustment Amount	R	1--18	S				New Element
								CAS19	Adjustment Quantity	R	1--15	S				New Element
<b>NM1</b>	<b>Patient Name</b>		<b>1</b>	<b>R</b>	<b>2100</b>			<b>NM1</b>	<b>Patient Name</b>		<b>1</b>	<b>R</b>	<b>2100</b>			
NM101	Entity Identifier Code	ID	2--3	R			QC	NM101	Entity Identifier Code	ID	2--3	R			QC	
NM102	Entity Type Qualifier	ID	1--1	R			1	NM102	Entity Type Qualifier	ID	1--1	R			1	
NM103	Patient Last Name	AN	1--35	R				NM103	Patient Last Name	AN	1--60	S				Increase from 35 - 60 Usage change to Situational
NM104	Patient First Name	AN	1--25	R				NM104	Patient First Name	AN	1--35	S				Increase from 25 - 35 Usage change to Situational
NM105	Patient Middle Name	AN	1--25	S				NM105	Patient Middle Name	AN	1--25	S				
NM106	Name Prefix	AN	1-10	N/U				NM106	Name Prefix	AN	1-10	N/U				
NM107	Patient Name Suffix	AN	1--10	S				NM107	Patient Name Suffix	AN	1--10	S			NU	Code Added
NM108	ID Code Qualifier	ID	1--2	S			HN,II, MI	NM108	ID Code Qualifier	ID	1--2	S			HN	Code Deleted
NM109	Patient Identifier	AN	2--80	S				NM109	Patient Identifier	AN	2--80	S			HIC #	Code Added
NM110	Entity Relationship Code	ID	2--2	N/U				NM110	Entity Relationship Code	ID	2--2	N/U				
NM111	Entity Identifier Code	ID	2--3	N/U				NM111	Entity Identifier Code	ID	2--3	N/U				
								NM112	Name Last or Organization Name	AN	1--60	N/U				New Element
<b>NM1</b>	<b>Insured's Name</b>		<b>1</b>	<b>S</b>	<b>2100</b>		<b>N/A</b>	<b>NM1</b>	<b>Insured's Name</b>		<b>1</b>	<b>S</b>	<b>2100</b>		<b>N/A</b>	
<b>NM1</b>	<b>Corrected Patient/Insured Name</b>		<b>1</b>	<b>S</b>	<b>2100</b>			<b>NM1</b>	<b>Corrected Patient/Insured Name</b>		<b>1</b>	<b>S</b>	<b>2100</b>			
NM101	Entity Identifier Code	ID	2--3	R			74	NM101	Entity Identifier Code	ID	2--3	R			74	

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
NM102	Entity Type Qualifier	ID	1--1	R			1	NM102	Entity Type Qualifier	ID	1--1	R			1	
NM103	Corrected Patient/Ins Last Name	AN	1--35	S				NM103	Corrected Patient/Ins Last Name	AN	1--60	S				Increase from 35 - 60
NM104	Corrected Patient/Ins First Name	AN	1--25	S				NM104	Corrected Patient/Ins First Name	AN	1--35	S				Increase from 25 - 35
NM105	Corrected Patient/Ins Middle Name	AN	1--25	S				NM105	Corrected Patient/Ins Middle Name	AN	1--25	S				
NM106	Name Prefix	AN	1-10	N/U				NM106	Name Prefix	AN	1-10	N/U				
NM107	Corrected Patient Name Suffix	AN	1--10	S				NM107	Corrected Patient Name Suffix	AN	1--10	S				
NM108	Identification Code Qualifier	ID	1--2	S			C	NM108	Identification Code Qualifier	ID	1--2	S			C	
NM109	Corrected Ins Identification Indicator	AN	2--80	S				NM109	Corrected Ins Identification Indicator	AN	2--80	S				
NM110	Entity Relationship Code	ID	2--2	N/U				NM110	Entity Relationship Code	ID	2--2	N/U				
NM111	Entity Identifier Code	ID	2--3	N/U				NM111	Entity Identifier Code	ID	2--3	N/U				
								NM112	Name Last or Organization Name	AN	1--60	N/U				New Element
<b>NM1</b>	<b>Service Provider Name</b>		<b>1</b>	<b>S</b>		<b>2100</b>		<b>NM1</b>	<b>Service Provider Name</b>		<b>1</b>	<b>S</b>		<b>2100</b>		
NM101	Entity Identifier Code	ID	2--3	R			82	NM101	Entity Identifier Code	ID	2--3	R			82	
NM102	Entity Type Qualifier	ID	1--1	R			1, 2	NM102	Entity Type Qualifier	ID	1--1	R			1, 2	Code Deleted
NM103	Rendering Provider Last/Org Name	AN	1-35	S			N/A Medicare	NM103	Rendering Provider Last/Org Name	AN	1-60	S				Increase from 35 - 60 Code Deleted
NM104	Rendering Provider First Name	AN	1--25	S			N/A Medicare	NM104	Rendering Provider First Name	AN	1-35	S				Increase from 25 - 35 Code Change
NM105	Rendering Provider Middle Name	AN	1--25	S			N/A Medicare	NM105	Rendering Provider Middle Name	AN	1--25	S				Code Change
NM106	Name Prefix	AN	1-10	N/U				NM106	Name Prefix	AN	1-10	N/U				Code Added
NM107	Rendering Provider Name Suffix	AN	1--10	S			N/A Medicare	NM107	Rendering Provider Name Suffix	AN	1--10	S				Code Change
NM108	ID Code Qualifier	ID	1--2	R			XX	NM108	ID Code Qualifier	ID	1--2	R			XX	
NM109	Rendering Provider Identifier	AN	2--80	R				NM109	Rendering Provider Identifier	AN	2--80	R			NPI	Code Added
NM110	Entity Relationship Code	ID	2--2	N/U				NM110	Entity Relationship Code	ID	2--2	N/U				
NM111	Entity Identifier Code	ID	2--3	N/U				NM111	Entity Identifier Code	ID	2--3	N/U				
								NM112	Name Last or Organization Name	AN	1--60	N/U				New Element
<b>NM1</b>	<b>Crossover Carrier Name</b>		<b>1</b>	<b>S</b>		<b>2100</b>		<b>NM1</b>	<b>Crossover Carrier Name</b>		<b>1</b>	<b>S</b>		<b>2100</b>		
NM101	Entity Identifier Code	ID	2--3	R			TT	NM101	Entity Identifier Code	ID	2--3	R			TT	
NM102	Entity Type Qualifier	ID	1--1	R			2	NM102	Entity Type Qualifier	ID	1--1	R			2	
NM103	COB Carrier Name	AN	1--35	R				NM103	COB Carrier Name	AN	1-60	R				Increase from 35 - 60
NM104	First name	AN	1-25	N/U				NM104	First name	AN	1-35	N/U				Increase from 25 - 35
NM105	Middle name	AN	1-25	N/U				NM105	Middle name	AN	1-25	N/U				
NM106	Not Used	AN	1-10	N/U				NM106	Name Prefix	AN	1-10	N/U				
NM107	name suffix	AN	1-10	N/U				NM107	Name suffix	AN	1-10	N/U				
NM108	ID Code Qualifier	ID	1--2	R			PI,XV	NM108	ID Code Qualifier	ID	1--2	R			PI,XV	
NM109	COB Carrier Identifier	AN	2--80	R				NM109	COB Carrier Identifier	AN	2--80	R				
NM110	Entity Relationship Code	ID	2--2	N/U				NM110	Entity Relationship Code	ID	2--2	N/U				
NM111	Entity Identifier Code	ID	2--3	N/U				NM111	Entity Identifier Code	ID	2--3	N/U				
								NM112	Name Last or Organization Name	AN	1--60	N/U				New Element
<b>NM1</b>	<b>Corrected Priority Payer Name</b>		<b>2</b>	<b>S</b>		<b>2100</b>		<b>NM1</b>	<b>Corrected Priority Payer Name</b>		<b>1</b>	<b>S</b>		<b>2100</b>		
NM101	Entity Identifier Code	ID	2--3	R			PR	NM101	Entity Identifier Code	ID	2--3	R			PR	



835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
NM102	Entity Type Qualifier	ID	1--1	R			2	NM102	Entity Type Qualifier	ID	1--1	R			2	
NM103	Corrected Priority Payer Name	AN	1--35	R				NM103	Corrected Priority Payer Name	AN	1--60	R				Increase from 35 - 60
NM104	First name	AN	1--25	N/U				NM104	First name	AN	1-35	N/U				Increase from 25 - 35
NM105	middle name	AN	1--25	N/U				NM105	middle name	AN	1-25	N/U				
NM106	Name Prefix	AN	1-10	N/U				NM106	Name Prefix	AN	1-10	N/U				
NM107	name suffix	AN	1--10	N/U				NM107	Name suffix	AN	1-10	N/U				
NM108	ID Code Qualifier	ID	1--2	R			PI,XV	NM108	ID Code Qualifier	ID	1--2	R			PI, XV	
NM109	Corrected Priority Payer ID	AN	2--80	R				NM109	Corrected Priority Payer ID	AN	2--80	R				
NM110	Entity Relationship Code	ID	2--2	N/U				NM110	Entity Relationship Code	ID	2--2	N/U				
NM111	Entity Identifier Code	ID	2--3	N/U				NM111	Entity Identifier Code	ID	2--3	N/U				
								NM112	Name Last or Organization Name	AN	1--60	N/U				New Element
								<b>NM1</b>	<b>Other Subscriber Name</b>						<b>N/A</b>	New Segment
<b>MIA</b>	<b>Inpatient Adjudication Information</b>		<b>1</b>	<b>S</b>	<b>2100</b>		<b>N/A</b>	<b>MIA</b>	<b>Inpatient Adjudication Information</b>		<b>1</b>	<b>S</b>	<b>2100</b>			
MIA01	Quantity	R	1--15	R				MIA01	Covered Days or Visits Count	R	1--15	R				Name Change
MIA02	Quantity	R	1--15	S				MIA02	PPS Operating Outlier Amount	R	1--18	S				Name Change Increase from 15 - 18
MIA03	Quantity	R	1--15	S				MIA03	Lifetime Psychiatric Days Count	R	1--15	S				Name Change
MIA04	Monetary Amount	R	1--18	S				MIA04	CLAIM DRG AMOUNT	R	1--18	S				Name Change
MIA05	Reference Identification	AN	1--30	S				MIA05	CLAIM PAYMENT REMARK CD	AN	1--50	S				Name Change Increase from 30 - 50
MIA06	Monetary Amount	R	1--18	S				MIA06	CLAIM DSH AMOUNT	R	1--18	S				Name Change
MIA07	Monetary Amount	R	1--18	S				MIA07	CLAIM MSP PASS THRU AMT	R	1--18	S				Name Change
MIA08	Monetary Amount	R	1--18	S				MIA08	CLAIM PPS CAPITAL AMOUNT	R	1--18	S				Name Change
MIA09	Monetary Amount	R	1--18	S				MIA09	PPS CAPITAL FSP DRG AMT	R	1--18	S				Name Change
MIA10	Monetary Amount	R	1--18	S				MIA10	PPS CAPITAL HSP DRG AMT	R	1--18	S				Name Change
MIA11	Monetary Amount	R	1--18	S				MIA11	PPS CAPITAL DSH DRG AMT	R	1--18	S				Name Change
MIA12	Monetary Amount	R	1--18	S				MIA12	OLD CAPITAL AMOUNT	R	1--18	S				Name Change
MIA13	Monetary Amount	R	1--18	S				MIA13	PPS CAPITAL IME AMOUNT	R	1--18	S				Name Change
MIA14	Monetary Amount	R	1--18	S				MIA14	PPS OPER HSP SPEC DRG AMT	R	1--18	S				Name Change
MIA15	Quantity	R	1--15	S				MIA15	COST REPORT DAY COUNT	R	1--15	S				Name Change
MIA16	Monetary Amount	R	1--18	S				MIA16	PPS OPER FSP SPEC DRG AMT	R	1--18	S				Name Change
MIA17	Monetary Amount	R	1--18	S				MIA17	CLAIM PPS OUTLIER AMOUNT	R	1--18	S				Name Change
MIA18	Monetary Amount	R	1--18	S				MIA18	CLAIM INDIRECT TEACHING	R	1--18	S				Name Change
MIA19	Monetary Amount	R	1--18	S				MIA19	NON PAY PROF COMP AMT	R	1--18	S				Name Change
MIA20	Reference Identification	AN	1--30	S				MIA20	CLAIM PAYMENT REMARK CD	AN	1--50	S				Name Change Increase from 30 - 50
MIA21	Reference Identification	AN	1--30	S				MIA21	CLAIM PAYMENT REMARK CD	AN	1--50	S				Name Change Increase from 30 - 50
MIA22	Reference Identification	AN	1--30	S				MIA22	CLAIM PAYMENT REMARK CD	AN	1--50	S				Name Change Increase from 30 - 50

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
MIA23	Reference Identification	AN	1--30	S				MIA23	CLAIM PAYMENT REMARK CD	AN	1--50	S				Name Change Increase from 30 - 50
MIA24	Monetary Amount	R	1--18	S				MIA24	PPS CAPITAL EXCEPTION AMT	R	1--18	S				Name Change
<b>MOA</b>	<b>Outpatient Adjudication Information</b>		<b>1</b>	<b>S</b>	<b>2100</b>			<b>MOA</b>	<b>Outpatient Adjudication Information</b>		<b>1</b>	<b>S</b>	<b>2100</b>			
MOA01	Reimbursement Rate 9(3)V99	R	1--10	S			N/A Carriers	MOA01	Reimbursement Rate	R	1--10	S				Name Change Code Deleted
MOA02	Claim HCPCS Payable Amount S9(7)V99	R	1--18	S			N/A Carriers	MOA02	Claim HCPCS Payable Amount	R	1--18	S				Code Deleted
MOA03	Remark Code	AN	1--30	S				MOA03	Remark Code	AN	1--50	S				Increase from 30 - 5-0
MOA04	Remark Code	AN	1--30	S				MOA04	Remark Code	AN	1--50	S				Increase from 30 - 5-0
MOA05	Remark Code	AN	1--30	S				MOA05	Remark Code	AN	1--50	S				Increase from 30 - 5-0
MOA06	Remark Code	AN	1--30	S				MOA06	Remark Code	AN	1--50	S				Increase from 30 - 5-0
MOA07	Remark Code	AN	1--30	S				MOA07	Remark Code	AN	1--50	S				Increase from 30 - 5-0
MOA08	Claim ESRD Payment Amount S9(7)V99	R	1--18	S			N/A Carriers	MOA08	Claim ESRD Payment Amount	R	1--18	S				Code Deleted
MOA09	Nonpayable Professional Comp Amt S9(7)V99	R	1--18	S			N/A Carriers	MOA09	Nonpayable Professional Comp Amt	R	1--18	S				Code Deleted
<b>REF</b>	<b>Other Claim-Related Identification</b>		<b>5</b>	<b>S</b>	<b>2100</b>		<b>N/A</b>	<b>REF</b>	<b>Other Claim-Related Identification</b>		<b>5</b>	<b>S</b>	<b>2100</b>			
REF01	Reference Identification Qualifier	ID	2--3	R			1L, 1W, 9A, 9C, A6, BB, CE, EA, F8, G1, G3, IG, SY	REF01	Reference Identification Qualifier	ID	2--3	R			EA, 6P, 28, F8	Code Change
REF02	Other Claim Related Identifier	AN	1--30	R				REF02	Other Claim Related Identifier	AN	1--50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				REF04	Reference Identifier			N/U				
<b>REF</b>	<b>Rendering Provider Identification</b>		<b>10</b>	<b>S</b>	<b>2100</b>		<b>N/A</b>	<b>REF</b>	<b>Rendering Provider Identification</b>		<b>10</b>	<b>S</b>	<b>2100</b>		<b>N/A</b>	New Segment
REF01	Reference Identification Qualifier	ID	2--3	R			1A, 1B, 1C, 1D, 1G, 1H, D3, G2	REF01	Reference Identification Qualifier	ID	2--3	R				Code Deleted
REF02	Rendering Provider Secondary Identifier	AN	1--30	R				REF02	Rendering Provider Secondary Identifier	AN	1--50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				REF04	Reference Identifier			N/U				
<b>DTM</b>	<b>Claim Payment Date</b>		<b>4</b>	<b>S</b>	<b>2100</b>			<b>DTM</b>	<b>Statement From or To Date</b>		<b>2</b>	<b>S</b>	<b>2100</b>			New Segment
DTM01	Date Time Qualifier	ID	3--3	R			050	DTM01	Date Time Qualifier	ID	3--3	R			232, 233	
DTM02	Claim Date	DT	8--8	R			CCYYMMDD	DTM02	Claim Date	DT	8--8	R			CCYYMMDD	
DTM03	Time	TM	4--8	N/U				DTM03	Time	TM	4--8	N/U				
DTM04	Time Code	ID	2--2	N/U				DTM04	Time Code	ID	2--2	N/U				
DTM05	Date Time Period Format Qualifier	ID	2--3	N/U												
DTM06	Date Time Period	AN	1--35	N/U												

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
								DTM05	Date Time Period Format Qualifier	ID	2--3	N/U				
								DTM06	Date Time Period	AN	1--35	N/U				
								<b>DTM</b>	<b>Coverage Expiration Date</b>		<b>1</b>	<b>S</b>	<b>2100</b>			New Segment
								DTM01	Date/Time Qualifier	ID	3--3	R			036	
								DTM02	Date	DT	8--8	R			CCYYMMDD	
								DTM03	Time	TM	4--8	N/U				
								DTM04	Time Code	ID	2--2	N/U				
								DTM05	Date Time Period Format Qualifier	ID	2--3	N/U				
								DTM06	Date Time Period	AN	1--35	N/U				
								<b>DTM</b>	<b>Claim Received Date</b>		<b>1</b>	<b>S</b>	<b>2100</b>			New Segment
								DTM01	Date/Time Qualifier	ID	3--3	R			050	
								DTM02	Date	DT	8--8	R			CCYYMMDD	
								DTM03	Time	TM	4--8	N/U				
								DTM04	Time Code	ID	2--2	N/U				
								DTM05	Date Time Period Format Qualifier	ID	2--3	N/U				
								DTM06	Date Time Period	AN	1--35	N/U				
<b>PER</b>	<b>Claim Contact Information</b>		<b>3</b>	<b>S</b>	<b>2100</b>			<b>PER</b>	<b>Claim Contact Information</b>		<b>2</b>	<b>S</b>	<b>2100</b>			
PER01	Contact Function Code	ID	2--2	R			CX	PER01	Contact Function Code	ID	2--2	R			CX	
PER02	Claim Contact Name	AN	1--60	S				PER02	Claim Contact Name	AN	1--60	S				
PER03	Communication # Qualifier	ID	2--2	S			EM,FX,TE	PER03	Communication # Qualifier	ID	2--2	R			EM,FX,TE	Usage change to Required
PER04	Claim Contact Communication #	AN	1--80	S				PER04	Claim Contact Communication #	AN	1--256	R				Increase from 80 - 256 Usage change to Required
PER05	Communication # Qualifier	ID	2--2	S			EM,EX,FX,TE	PER05	Communication # Qualifier	ID	2--2	S			EM,EX,FX,TE	
PER06	Claim Contact Communication #	AN	1--80	S				PER06	Claim Contact Communication #	AN	1--256	S				Increase from 80 - 256
PER07	Communication # Qualifier	ID	2--2	S			EX	PER07	Communication # Qualifier	ID	2--2	S			EX	
PER08	Communication # Extension	AN	1--80	S				PER08	Communication # Extension	AN	1--256	S				Increase from 80 - 256
PER09	Contact Inquiry Reference	AN	1--20	N/U				PER09	Contact Inquiry Reference	AN	1--20	N/U				
<b>AMT</b>	<b>Claim Payment Information</b>		<b>14</b>	<b>S</b>	<b>2100</b>			<b>AMT</b>	<b>Claim Supplemental Information</b>		<b>13</b>	<b>S</b>	<b>2100</b>			
AMT01	Amount Qualifier Code	ID	1--3	R			F5,I	AMT01	Amount Qualifier Code	ID	1--3	R			AU, DY, F5, I, NL, ZK, ZL, ZM, ZN, ZO	Code Added
AMT02	Claim Supplemental Information Amt S9(7)V99	R	1--18	R				AMT02	Claim Supplemental Information Amt	R	1--18	R				
AMT03	Credit/Debit Flag Code	ID	1--1	N/U				AMT03	Credit/Debit Flag Code	ID	1--1	N/U				
<b>QTY</b>	<b>Claim Supplemental Infor Quantity</b>		<b>15</b>	<b>S</b>	<b>2100</b>		<b>N/A</b>	<b>QTY</b>	<b>Claim Supplemental Infor Quantity</b>		<b>14</b>	<b>S</b>	<b>2100</b>			
QTY01	Quantity Qualifier	ID	2--2	R			CA, CD, LA, LE, NA, NE, NR, OU, PS, VS, ZK, ZL, ZM, ZN, ZO	QTY01	Quantity Qualifier	ID	2--2	R			CA, CD, LA, OU, ZK, ZL, ZM, ZN, ZO	Code Deleted
QTY02	Quantity Qualifier	R	1--15	R				QTY02	Quantity Qualifier	R	1--15	R				
QTY03	Composite Unit Of Measure			N/U				QTY03	Composite Unit Of Measure			N/U				
QTY04	Free-Form Message	AN	1--30	N/U				QTY04	Free-formInformation	AN	1--30	N/U				

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
<b>SVC</b>	<b>Information</b>		<b>1</b>	<b>S</b>	<b>2110</b>	<b>999</b>		<b>SVC</b>	<b>Information</b>		<b>1</b>	<b>S</b>	<b>2110</b>	<b>999</b>		
SVC01	Composite Medical Procedure Identifier			R				SVC01	Composite Medical Procedure Identifier			R				
-01-1	Product or Service ID Qualifier	ID	2--2	R			HC,N4	SVC01-1	Product or Service ID Qualifier	ID	2--2	R			HC, HP, N4, NU	Code Aded
-01-2	Procedure Code	AN	1--48	R				SVC01-2	Adjudicated Procedure Code	AN	1--48	R				
-01-3	Procedure Modifier	AN	2--2	S				SVC01-3	Procedure Modifier	AN	2--2	S				
-01-4	Procedure Modifier	AN	2--2	S				SVC01-4	Procedure Modifier	AN	2--2	S				
-01-5	Procedure Modifier	AN	2--2	S				SVC01-5	Procedure Modifier	AN	2--2	S				
-01-6	Procedure Modifier	AN	2--2	S				SVC01-6	Procedure Modifier	AN	2--2	S				
-01-7	Procedure Code Description	AN	1--80	S			N/A Medicare	SVC01-7	Description	AN	1--80	N/U				Usage change to Not Used
								SVC01-8	Product/Service ID	AN	1--48	N/U				New Element
SVC02	Line Item Charge Amount S9(7)V99	R	1--18	R				SVC02	Line Item Charge Amount	R	1--18	R				
SVC03	Line Item Provider Payment S9(7)V99	R	1--18	R				SVC03	Line Item Provider Payment	R	1--18	R				
SVC04	NUBC Revenue Code	AN	1--48	S			N/A Carriers	SVC04	N/UBC Revenue Code	AN	1--48	S				Code Deleted
SVC05	SVC01-1=N4 Units of Service Paid Count S9(7)V999 SVC01-1 = HC Units of Service Paid Count S9(3)V9	R	1--15	S				SVC05	Units of Service Paid Count	R	1--15	S				Name Change
SVC06	Composite Medical Procedure Identifier			S				SVC06	Composite Medical Procedure Identifier			S				
-06-1	Product or Service ID Qualifier	ID	2--2	R			HC,N4	SVC06-1	Product or Service ID Qualifier	ID	2--2	R			HC, HP, N4, NU	Code Added
-06-2	Procedure Code	AN	1--48	R				SVC06-2	Procedure Code	AN	1--48	R				
-06-3	Procedure Modifier	AN	2--2	S				SVC06-3	Procedure Modifier	AN	2--2	S				
-06-4	Procedure Modifier	AN	2--2	S				SVC06-4	Procedure Modifier	AN	2--2	S				
-06-5	Procedure Modifier	AN	2--2	S				SVC06-5	Procedure Modifier	AN	2--2	S				
-06-6	Procedure Modifier	AN	2--2	S				SVC06-6	Procedure Modifier	AN	2--2	S				
-06-7	Procedure Code Description	AN	1--80	S			N/A Medicare	SVC06-7	Procedure Code Description	AN	1--80	S				
								SVC06-8	Product/Service ID	AN	1--48	N/U				New Element
SVC07	SVC06-1=N4 Units of Service Original Count S9(7)V999 SVC06-1 = HC Units of Service Original Count S9(7)V9	R	1--15	S				SVC07	Original Units of Service Count S9(6)	R	1--15	S				Name Change
<b>DTM</b>	<b>Service Date Time Reference</b>		<b>3</b>	<b>S</b>	<b>2110</b>			<b>DTM</b>	<b>Service Date</b>		<b>2</b>	<b>S</b>	<b>2110</b>			
DTM01	Date Time Qualifier	ID	3--3	R			150,151,472	DTM01	Date Time Qualifier	ID	3--3	R			150, 151, 472	Code Deleted
DTM02	Claim Date	DT	8--8	R			CCYYMMDD	DTM02	Service Date	DT	8--8	R			CCYYMMDD	
DTM03	Time	TM	4--8	N/U				DTM03	Time	TM	4--8	N/U				
DTM04	Time Code	ID	2--2	N/U				DTM04	Time Code	ID	2--2	N/U				
DTM05	Date Time Period Format Qualifier	ID	2--3	N/U				DTM05	Date Time Period Format Qualifier	ID	2--3	N/U				
DTM06	Date Time Period	AN	1--35	N/U				DTM06	Date Time Period	AN	1--35	N/U				
<b>CAS</b>	<b>Service Adjustment</b>		<b>99</b>	<b>S</b>	<b>2110</b>			<b>CAS</b>	<b>Service Adjustment</b>		<b>99</b>	<b>S</b>	<b>2110</b>			
CAS01	Claim Adjustment Group Code	ID	1--2	R			CO,CR,OA,PR	CAS01	Claim Adjustment Group Code	ID	1--2	R			CO,OA,PR	Code Deleted
CAS02	Adjustment Reason Code	ID	1--5	R				CAS02	Adjustment Reason Code	ID	1--5	R				

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
CAS03	Adjustment Amount S9(7)V99	R	1--18	R				CAS03	Adjustment Amount	R	1--18	R				
CAS04	Adjustment Quantity 9(7)	R	1--15	S			N/A Medicare	CAS04	Adjustment Quantity	R	1--15	S				Code Deleted Name Change
CAS05	Adjustment Reason Code	ID	1--5	S				CAS05	Adjustment Reason Code	ID	1--5	S				
CAS06	S9(7)V99	R	1--18	S				CAS06	S9(7)V99	R	1--18	S				
CAS07	Adjustment Quantity 9(7)	R	1--15	S			N/A Medicare	CAS07	Adjustment Quantity	R	1--15	S				Code Deleted Name Change
CAS08	Adjustment Reason Code	ID	1--5	S				CAS08	Adjustment Reason Code	ID	1--5	S				
CAS09	Adjustment Amount S9(7)V99	R	1--18	S				CAS09	Adjustment Amount	R	1--18	S				
CAS10	Adjustment Quantity 9(7)	R	1--15	S			N/A Medicare	CAS10	Adjustment Quantity	R	1--15	S				Code Deleted Name Change
CAS11	Adjustment Reason Code	ID	1--5	S				CAS11	Adjustment Reason Code	ID	1--5	S				
CAS12	Adjustment Amount S9(7)V99	R	1--18	S				CAS12	Adjustment Amount	R	1--18	S				
CAS13	Adjustment Quantity 9(7)	R	1--15	S			N/A Medicare	CAS13	Adjustment Quantity	R	1--15	S				Code Deleted Name Change
CAS14	Adjustment Reason Code	ID	1--5	S				CAS14	Adjustment Reason Code	ID	1--5	S				
CAS15	Adjustment Amount S9(7)V99	R	1--18	S				CAS15	Adjustment Amount	R	1--18	S				
CAS16	Adjustment Quantity 9(7)	R	1--15	S			N/A Medicare	CAS16	Adjustment Quantity	R	1--15	S				Code Deleted Name Change
CAS17	Adjustment Reason Code	ID	1--5	S				CAS17	Adjustment Reason Code	ID	1--5	S				
CAS18	Adjustment Amount S9(7)V99	R	1--18	S				CAS18	Adjustment Amount	R	1--18	S				
CAS19	Adjustment Quantity 9(7)	R	1--15	S			N/A Medicare	CAS19	Adjustment Quantity	R	1--15	S				Code Deleted Name Change
<b>REF</b>	<b>Service Identification</b>		<b>7</b>	<b>S</b>	<b>2110</b>			<b>REF</b>	<b>Service Identification</b>		<b>8</b>	<b>S</b>	<b>2110</b>			
REF01	Reference ID Qualifier	ID	2--3	R			LU,6R	REF01	Reference ID Qualifier	ID	2--3	R			LU, 1S, APC, RB	Code 6R Deleted and Code Added
REF02	Provider ID	AN	1--30	R				REF02	Provider ID	AN	1--50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				REF04	Reference Identifier			N/U				
								<b>REF</b>	<b>Line Item Control Number</b>		<b>1</b>	<b>S</b>	<b>2110</b>			New Segment
								REF01	Reference ID Qualifier	ID	2--3	R			6R	
								REF02	Line Item Control Number	AN	1--50	R				
								REF03	Description	AN	1-80	N/U				
								REF04	Reference Identifier			N/U				
<b>REF</b>	<b>Rendering Provider Information</b>		<b>10</b>	<b>S</b>	<b>2110</b>			<b>REF</b>	<b>Rendering Provider Information</b>		<b>10</b>	<b>S</b>	<b>2110</b>			
REF01	Reference ID Qualifier	ID	2--3	R			HPI	REF01	Reference ID Qualifier	ID	2--3	R			HPI, SY, TJ, 1C, 1G	
REF02	Rendering Provider ID	AN	1--30	R				REF02	Rendering Provider ID	AN	1--50	R				Increase from 30 - 50
REF03	Description	AN	1-80	N/U				REF03	Description	AN	1-80	N/U				
REF04	Reference Identifier			N/U				REF04	Reference Identifier			N/U				
								<b>REF</b>	<b>Health Care Policy Identification</b>		<b>5</b>	<b>S</b>	<b>2110</b>			New Segment
								REF01	Reference ID Qualifier	ID	2--3	R			OK	
								REF02	Healthcare Policy ID	AN	1--50	R				
								REF03	Description	AN	1-80	N/U				
								REF04	Reference Identifier			N/U				

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
<b>AMT</b>	<b>Service Supplemental Amount</b>		12	S	2110			<b>AMT</b>	<b>Service Supplemental Amount</b>		9	S	2110			
AMT01	Amount Qualifier Code	ID	1--3	R			B6,KH	AMT01	Amount Qualifier Code	ID	1--3	R			B6, KH, ZK, ZL, ZM, ZN, ZO	Code Added
AMT02	Service Supplemental Amount S9(7)V99	R	1--18	R				AMT02	Service Supplemental Amount	R	1--18	R				
AMT03	Credit/Debit Flag Code	ID	1--1	N/U				AMT03	Credit/Debit Flag Code	ID	1--1	N/U				
<b>QTY</b>	<b>Service Supplemental Quantity</b>		6	S	2110		N/A	<b>QTY</b>	<b>Service Supplemental Quantity</b>		6	S	2110		N/A	
QTY01	Quantity Qualifier	ID	2--2	R			NE, ZK, ZL, ZM, ZN, ZO	QTY01	Quantity Qualifier	ID	2--2	R				Code Deleted
QTY02	Quantity	R	1--15	R				QTY02	Service Supplemental Quantity Count	R	1--15	R				Name Change
QTY03	Composite Unit Of Measure			N/U				QTY03	Composite Unit Of Measure			N/U				
QTY04	Free-Form Message	AN	1--30	N/U				QTY04	Free-formInformation	AN	1--30	N/U				
<b>LQ</b>	<b>Health Care Remarks Codes</b>		99	S	2110			<b>LQ</b>	<b>Health Care Remarks Codes</b>		99	S	2110			
LQ01	Code List Qualifier Code	ID	1--3	R			HE	LQ01	Code List Qualifier Code	ID	1--3	R			HE	
LQ02	Remark Code	AN	1--30	R				LQ02	Remark Code	AN	1--30	R				
<b>PLB</b>	<b>Provider Level Adjustment</b>		>1	S	-----	1		<b>PLB</b>	<b>Provider Level Adjustment</b>		>1	S	-----	1		
PLB-01	Provider Identifier	AN	1--30	R			NPI	PLB-01	Provider Identifier	AN	1--50	R			NPI	Increase from 30 - 50
PLB02	Fiscal Period Date	DT	8--8	R			CCYYMMDD	PLB02	Fiscal Period Date	DT	8--8	R			CCYYMMDD	
PLB03	Adjustment Identifier			R				PLB03	Adjustment Identifier			R				
-03-1	Adjustment Reason Code	ID	2--2	R			CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1	PLB03-1	Adjustment Reason Code	ID	2--2	R			50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, <del>TL</del> , WO, WU	Code added
-03-2	Provider Adjustment Identifier	AN	1--30	S				PLB03-2	Provider Adjustment Identifier	AN	1--50	S				Increase from 30 - 50
PLB04	Provider Adjustment Amount S9(7)V99	R	1--18	R				PLB04	Provider Adjustment Amount	R	1--18	R				
PLB05	Adjustment Identifier			S				PLB05	Adjustment Identifier			S				
-05-1	Adjustment Reason Code	ID	2--2	R			CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1	PLB05-1	Adjustment Reason Code	ID	2--2	R			50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, <del>TL</del> , WO, WU	Code added
-05-2	Provider Adjustment Identifier	AN	1--30	S				PLB05-2	Provider Adjustment Identifier	AN	1--50	S				Increase from 30 - 50
PLB06	Provider Adjustment Amount S9(7)V99	R	1--18	S				PLB06	Provider Adjustment Amount	R	1--18	S				
PLB07	Adjustment Identifier			S				PLB07	Adjustment Identifier			S				
-07-1	Adjustment Reason Code	ID	2--2	R			CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1	PLB07-1	Adjustment Reason Code	ID	2--2	R			50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, <del>TL</del> , WO, WU	Code added

835 Side by Side 4010A1 to 5010A1

4010A1								5010A1								
Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Element Identifier	Description	ID	Min. Max.	Usage Reg.	Loop	Loop Repeat	Values	Explanation of Change
-07-2	Provider Adjustment Identifier	AN	1--30	S				PLB07-2	Provider Adjustment Identifier	AN	1--50	S				Increase from 30 - 50
PLB08	Provider Adjustment Amount S9(7)V99	R	1--18	S				PLB08	Provider Adjustment Amount	R	1--18	S				
PLB09	Adjustment Identifier			S				PLB09	Adjustment Identifier			S				
-09-1	Adjustment Reason Code	ID	2--2	R			CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1	PLB09-1	Adjustment Reason Code	ID	2--2	R			50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, <b>TL</b> , WO, WU	
-09-2	Provider Adjustment Identifier	AN	1--30	S				PLB09-2	Provider Adjustment Identifier	AN	1--50	S				Increase from 30 - 50
PLB10	Provider Adjustment Amount S9(7)V99	R	1--18	S				PLB10	Provider Adjustment Amount	R	1--18	S				
PLB11	Adjustment Identifier			S				PLB11	Adjustment Identifier			S				
-11-1	Adjustment Reason Code	ID	2--2	R			CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1	PLB11-1	Adjustment Reason Code	ID	2--2	R			50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, <b>TL</b> , WO, WU	Code added
-11-2	Provider Adjustment Identifier	AN	1--30	S				PLB11-2	Provider Adjustment Identifier	AN	1--50	S				Increase from 30 - 50
PLB12	Provider Adjustment Amount S9(7)V99	R	1--18	S				PLB12	Provider Adjustment Amount S9(7)V99	R	1--18	S				
PLB13	Adjustment Identifier			S				PLB13	Adjustment Identifier			S				
-13-1	Adjustment Reason Code	ID	2--2	R			CS, AP, FB, LE, L6, 50, SL, WO, B2, IR, 72, J1	PLB13-1	Adjustment Reason Code	ID	2--2	R			50, 51, 72, AP, B2, B3, BD, BN, C5, CS, CV, DM, E3, FB, GO, HM, IP, IS, IR, J1, L3, L6, LE, LS, OA, OB, PI, PL, RA, RE, SL, <b>TL</b> , WO, WU	Code added
-13-2	Provider Adjustment Identifier	AN	1--30	S				PLB13-2	Provider Adjustment Identifier	AN	1--50	S				Increase from 30 - 50
PLB14	Provider Adjustment Amount S9(7)V99	R	1--18	S				PLB14	Provider Adjustment Amount	R	1--18	S				
SE	Transition Set Trailer		1	R	---	1		SE	Transition Set Trailer		1	R	---	1		
SE01	Transition Segment Count	N0	1--10	R				SE01	Transition Segment Count	N0	1--10	R				
SE02	Transition Set Control #	AN	4--9	R			=ST02	SE02	Transition Set Control #	AN	4--9	R			=ST02	
GE	Functional Group Trailer		1	R	---	1		GE	Functional Group Trailer		1	R	---	1		
GE01	# Transaction Sets Included	N0	1-6	R				GE01	# Transaction Sets Included	N0	1-6	R			Total transaction sets (ST-SE pairs)	
GE02	Group Control #	N0	1-9	R				GE02	Group Control #	N0	1-9	R			Same Value as in GS06	
IEA	Interchange Control Trailer		1	R	----	1		IEA	Interchange Control Trailer		1	R	----	1		
IEA01	# Included Functional Groups	N0	1-5	R				IEA01	# Included Functional Groups	N0	1-5	R			Total functional groups (GS-GE pairs)	
IEA02	Interchange Control #	N0	9-9	R				IEA02	Interchange Control #	N0	9-9	R			Same value as in ISA13	